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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/30/2011
FORM APPROVED
OMB NO. 0938-0391

454 8/13/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2011
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NAME OF PROVIDER OR SUPPLIER

GOLDEN LIVINGCENTER - MOUNTAIN VIEW

STREET ADDRESS, CITY, STATE, ZIP CODE

1360 BYPASS ROAD
WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>Observation of the B nurses' station on 6/27/11 at 9:45 AM, revealed the storage room door was being held open with a book case.</p> <p>This findings was acknowledged by the administrator and verified by the Director of Maintenance at the exit conference on 6/27/11.</p>	K 021	<p>K 021</p> <p>The storage room door at B-Nurses Station is closed. No other doors are propped open that have an automatic closure in place. Employees were inserviced on 6/28/11 by Executive Director that no doors with installed automatic closures may be propped open. This will be monitored during routine non-clinical rounds by management team 3 times weekly to assure continued compliance. Findings will be reported to, and reviewed by, the QA&A committee 3 months.</p>	7/15/11
K 052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Pam Reed

TITLE

Executive Director

(X6) DATE

7/15/11

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 BYPASS ROAD WINCHESTER, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 052	Continued From page 1. Installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire alarm system. The findings include: Observation of the kitchen service hall and the dining hall on 6/27/11 at 10:20 AM, revealed the fire alarm pull stations were blocked with equipment. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 052	K 052 Fire alarm pull stations in kitchen service hall and dining room are not blocked with equipment. No other pull stations in the facility are blocked by equipment. Employees were inserviced on 6/28/11 Executive Director that no equipment can block pull stations throughout facility. This will be monitored during routine non-clinical rounds 3 times weekly by management team to assure continued compliance. Findings will be reported to, and reviewed by, the QA&A committee for 3 months.		7/15/11
K 062 SS=E		K 062			

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
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K 062	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings include: (1) Observation of the secured unit's activity closet on 6/27/11 at 10:04 AM, revealed supplies were stored within 18 inches of the sprinkler. (2) Observation of Resident room 111 in the advance secured unit on 6/27/11 at 10:15 AM, revealed the sprinkler escutcheon plate was missing. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 062	K 062 No supplies are stored within 18 inches of sprinkler in storage area on unit. Storage areas have been assessed and nothing is stored within 18 inches of a sprinkler. The staff was inserviced on 6/28/11 by Executive Director that nothing can be stored within 18 inches of sprinkler. This will be monitored during routine non-clinical rounds by management team to assure continued compliance. Findings will be reported to, and reviewed by the QA&A committee for 3 months.	7/15/11	
K 064 SS=E	Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire extinguishers. The findings include: (1) Observation of the physical therapy room and the riser room on 6/27/11 at 9:52 AM, revealed the fire extinguishers were not checked monthly as required.	K 064	K 064 1) The fire extinguishers in therapy room and in riser room are being checked monthly. Fire extinguishers in the facility are checked monthly by maintenance personnel. Maintenance staff were inserviced on 6/28/11 by Executive Director that monthly checks must be made on fire extinguishers in building. Continued compliance will be monitored by facility management during routine non-clinical rounds 3 times weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months. 2) The fire extinguishers on dining room on unit are not blocked. No fire extinguishers in the facility are blocked. The staff was inserviced on 6/28/11 by Executive Director that no		

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K 064	Continued From page 3 (2) Observation of the secured unit dining room and the nurses' station on 6/27/11 at 10:02 AM, revealed the fire extinguishers were blocked with equipment. (3) Observation of the kitchen service hall on 6/27/11 at 10:35 AM, revealed the fire extinguisher was mounted above the sixty inches. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning Systems. The findings include: Observation of the advanced secured unit mop rooms and the Resident bathrooms on 6/27/11 at 10:10 AM, revealed the exhaust fans were inoperable. This findings were acknowledged by the Administrator and verified by the Director of	K 064	extinguishers can be blocked. Continued compliance will be monitored by facility management during routine non-clinical rounds 3 times weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months. 3) The fire extinguisher in the kitchen service hall has been relocated and is now hung within the 60 inch limit. Extinguishers have been verified by maintenance to be properly positioned on walls. Maintenance staff were inserviced on 6/28/11 Executive Director that extinguishers are to be located at no more than 60 inches from floor. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months.	7/15/11	
K 067 SS=E		K 067	The exhaust fans in mop room and resident bathrooms on unit are operable. Exhaust fans in facility are in operable working condition. Continued compliance will be monitored by management team during routine non-clinical rounds 3 times weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months.	7/15/11	

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K 067	Continued From page 4	K 067			
K 141	Maintenance at the exit conference on 6/27/11.	K 141			
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD				
	Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.				
	This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the no smoking signs.				
	The findings include:				
	Observation of Resident room B-8 on 6/27/11 at 9:43 AM, revealed oxygen being used and no precautionary sign posted on the door.				
	This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11.				
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			
SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2				
	This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system.				
	The findings include:				
	(1) Observation of the break room on 6/27/11 at 9:40 AM, revealed a broken light cover.				
					7/15/11

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K 147	<p>Continued From page 5</p> <p>(2) Observation of the physical therapy area on 6/27/11 at 9:50 AM, revealed a multiple plug adapter being used.</p> <p>(3) Observation of the C hall linen closet on 6/27/11 at 10:00 AM, revealed the light cover was missing.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/27/11.</p>	K 147	<p>K 147</p> <p>1) The light cover in break room has been replace. Audit of light covers in facility has been completed to assure covers are in good working order. Maintenance staff was inserviced on 6/28/11 by Executive Director on replacing any broken light covers. Continued compliance will be monitored by maintenance staff during routine physical plant rounds weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months.</p> <p>2) Multiple plug adapter has been removed from therapy area. Rounds made to assure no multiple plug adapters in facility. Continued compliance will be monitored by maintenance staff during routine physical plant rounds weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months.</p> <p>3) Light cover has been replaced in C-hall linen closet. Rounds made to assure no missing light covers in facility. Continued compliance will be monitored by maintenance staff during routine physical plant rounds weekly. Findings will be reported to, and reviewed by, the facility QA&A committee for 3 months.</p>	7/15/11	